FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00087515 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Insurance Professionals Political Action Committee Date Received **ELECTRONICALLY FILED** 10/07/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 11102 Bammel N. Houston Rd. Change of Address Houston, TX 77066 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Mr. Kriston R. NAME Date Processed NICKNAME **SUFFIX** LAST Kris Date Imaged Crow CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 3908 Tanglewood Ln. STREET **ADDRESS** (Residence or Business) Odessa, TX 79762 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 3908 Tanglewood Ln. MAILING **ADDRESS** Change of Address Odessa, TX 79762 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (432) 559-2343 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 X October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 08/26/2024 09/25/2024

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Insurance Pro	fessionals Political Action	Committee	000875	15
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	IL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,310.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEI	D POLITICAL EXPENDITURES	\$	5.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	21,406.47
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	587,001.80
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT			•	
		I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code.	rjury, that th nation requ	ne accompanying report is ired to be reported by me
		Mr. Kristo	n R. Crow	ı
		Signature of Car	npaign Trea	asurer
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said _	, th	is the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of o	officer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

					3 of 9
17 COI	MMITTE	EE NAME	18 Filer ID	(Ethics Corr	mission Filers)
Тех	as Ins	urance Professionals Political Action Committee	00087515	`	,
19 SCH	HEDULE	Τ			
	ME OF S	SUBTO	OTAL AMOUNT		
		 			
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,310.00
		<u> </u>			
2.	П	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
	ш_			<u> </u>	
3.	П	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
	Ш				
4.	П	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO)R	 	
, T.	ш	ORGANIZATION		\$	
_		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR		
5.	Ш	LABOR ORGANIZATION		\$	
6.	Ш	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR		 	
7.		ORGANIZATION		\$	
				┼──	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
				 	
9.	П	SCHEDULE E: LOANS		\$	
				ļ <u> </u>	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	43.97
	<u> </u>			<u> </u>	
11.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	21,362.50
11.		CONEDUCE TE. CHI / IID INCONINCES OBLICATIONS		Ψ	21,302.30
12.	П	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ANS.		
12.	Ш	SCHEDULE F3. FUNCHASE OF INVESTIMENTS FROM FOLITICAL CONTRIBUTION	JNS	\$	
40	\Box	AND THE STATE OF T			
13.	Ш	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	Ш	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	DETLIDNED	 	
15.		TO FILER	KETOKNED	\$	
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	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/9		
2	FILER NAME Texas Insura	nce Professionals Political Action Committee	3	Filer ID (Ethics Commission 00087515	n Filers)	
4	Date 09/01/2024				Amount of Contribution (\$)	\$30.00
•	Dringing oggu	Fort Worth, TX 76177-7054	Employer (See Instructions			
8	Insurance	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/14/2024	Full name of contributor out-of-state PAC (ID#: Crow, Kriston Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Odessa, TX 79762 pation / Job title (See Instructions)	Employer (See Instructions)		
	Insurance					
	Date 09/07/2024	Full name of contributor out-of-state PAC (ID#: Hurst, David Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Houston, TX 77066				
	Principal occu Insurance	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/26/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$60.00
	Principal occu Insurance	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#: Mims, David Contributor address; City; State; Zip Code Winnie, TX 77665			Amount of Contribution (\$)	\$100.00
	Principal occu Insurance	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIONS		SCHEDULE A1				
	The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/9				
2	FILER NAME Texas Insura	ance Professionals Political Action Committee	3	Filer ID (Ethics Commission 00087515	n Filers)			
4	Date 08/27/2024	 Full name of contributor	7	Amount of Contribution (\$)	\$100.00			
		Beeville, TX 78102-4514						
8	Principal occu Insurance	pation / Job title (See Instructions) 9 Employer (See Instructions)	ructions)					
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$50.00			
	Principal occu	Beeville, TX 78102-4514 pation / Job title (See Instructions) Employer (See Instructions)	uctions)					
	Insurance		uoo,					
	Date 09/01/2024			Amount of Contribution (\$)	\$10.00			
		Colleyville, TX 76034-4116						
	Principal occu Insurance	pation / Job title (See Instructions) Employer (See Instr	ructions)					
	Date 09/01/2024	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$15.00			
	Principal occu Insurance	pation / Job title (See Instructions) Employer (See Instr	ructions)					
	Date 09/01/2024	Full name of contributor out-of-state PAC (ID#: Sewell, David Contributor address; City; State; Zip Code Georgetown, TX 78628-5335		Amount of Contribution (\$)	\$350.00			
	Principal occu Insurance	pation / Job title (See Instructions) Employer (See Instructions)	ructions)					
		'						

	MONET	ARY POLITICAL CONTRIBUTION	NS			SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	1	Total page Sch: 3/3 I	es Schedule A1: Rpt: 6/9		
2	FILER NAME Texas Insura	ance Professionals Political Action Committee	3		(Ethics Commissio	n Filers)	
4	Date 09/24/2024 5 Full name of contributor out-of-state PAC (ID#:) Swierc, Roxanne 6 Contributor address; City; State; Zip Code				Amount of	Contribution (\$)	\$175.00
8		West, TX 76691-1557 pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 08/27/2024	Full name of contributor out-of-state PAC (ID#: Uthup, Baby Contributor address; City; State; Zip Code			Amount of	Contribution (\$)	\$20.00
	Principal occu	El Paso, TX 79935-2714 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 09/01/2024	Full name of contributor out-of-state PAC (ID#: Verity, Heather Contributor address; City; State; Zip Code Conroe, TX 77304-3413)		Amount of	Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Coi	nmittee	Gift/Awards/Memor Legal Services The Instruction	ials Expense Guide explains		se es/Contract Labor	Travel Out of Di OTHER (enter a	strict category not listed above)
1	Total pages Cabadula F1:	12	EII ED NAMI					3 Filer ID	(Ethics Commission Filers)
ľ	Total pages Schedule F1:			= rance Profess	ionals Dalitica	I Action Co	mmittoo	00087515	(Ethics Commission Filers)
L	Sch: 1/1 Rpt: 7/9					ACTION CO		00067515	
4	Date	5	Payee name						
	08/29/2024		GrowthZon	е					
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Code			
	\$38.97		23973 Haz	elwood Dr S S	ite 100				
	Expenditure from corporate funds		Nisswa, MN	N 56468					
8	PURPOSE	(2)					Description		
ľ	OF	(a)	Fees (S	ee Categories listed	at the top of this sch	edule)	Description Check if travel	outside of Texas. Com	inlete Schedule T
	EXPENDITURE		rees					n, TX, officeholder living	
							_		ing multiple credit card
							contributions	8/29/24-9/18/2	4
9	Complete ONLY if direct	(Candidate/Off	iceholder name		Office sought		Office h	eld
ľ	expenditure to benefit C/O	Η .	zaranato, o m	.coc.ac. maine		moo oougin		5 55	
⊢									

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/2 Rpt: 8/9 Texas Insurance Professionals Political Action Committee 00087515 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ Date 5 Payee name 09/17/2024 Atchley & Associates LLP Amount (\$) Payee address; State; Zip Code City; \$612.50 1005 La Posada Dr Expenditure from Austin, TX 78752 corporate funds **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Accounting/Banking Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense PAC accounting and reporting services 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Cates Legal Group PLLC 08/26/2024 Amount (\$) Payee address; State; Zip Code \$750.00 5910 Clementine Ln Expenditure from Austin, TX 78744 corporate funds **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Legal Services EXPENDITURE** Check if Austin, TX, officeholder living expense PAC legal services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/2 Rpt: 9/9 Texas Insurance Professionals Political Action Committee 00087515 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 09/25/2024 Galitski, Frank V. Amount (\$) Payee address; City; State; Zip Code \$10,000.00 11700 Red Oak Valley Ln Expenditure from Austin, TX 78732 corporate funds **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense PAC government affairs consulting Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/26/2024 Galitski, Frank V. Amount (\$) Payee address; City; State; Zip Code \$10,000.00 11700 Red Oak Valley Ln Expenditure from Austin, TX 78732 corporate funds TYPE OF Non-Political Χ Political **EXPENDITURE**